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ORIGINAL COMMUNICATIONS.

ON THE USE OF ALCOHOL IN THE TREATMENT OF DISEASE.

Read before the Philadelphia County Medical Society, January 27, 1875,

BY J. C. MORRIS, M.D.

IN approaching the consideration of my subject this evening, gentlemen, I feel that perhaps a few remarks may not be inappropriate as to the point of view we are to select, as this will be likely to influence materially the impressions to be derived from the facts we are to examine, and the conclusions we may draw therefrom.

In the first place, then, as physicians, our duty is to acquaint ourselves, as thoroughly as we may be able, with the physiological and pathological effects of the various articles and substances which are in daily use around us or by us, either as food or medicine, or which are capable of becoming either the one or the other; to study and promulgate honestly the truth about them, moved neither by fear nor favor, and freeing ourselves as far as possible from the Hudibrastic accusation of "compounding for sins we are inclined to, by damning those we have no mind to." Truth, simple, full, and entire, is the best antidote for the dangers which too often arise from an imperfect or one-sided view of things.

In the next place, we must remember that we are not only physicians, but *men* who have an interest in society, and a duty to perform towards it. This duty indeed is a double one: to restore health as far as possible to the sick, or to alleviate their sufferings; and, so far as in us lies, to protect and elevate the moral tone of the community in which we may dwell. Such is and always has been the aim of our noble profession, which has been and is honored in proportion to the faithfulness of its members to this aim.

But in connection with the use of alcohol, the questions have frequently been raised of late, Are the medical profession in the habit of prescribing alcoholic drinks and preparations so as to be of benefit to their patients? Does alcohol do good under any circumstances? Do physicians' prescriptions and directions encourage intemperate habits in their patients or the community? Probably there is not one of us who has not been asked, or who has not asked himself, these or similar questions, as we have been called upon to witness the terrible effects of the abuse of alcohol; probably there is not one of us who has not felt at times inclined to proscribe, professionally and socially, the employment of an agent which produces such devastation in our midst. It is not my intention to read a moral essay on the subject; this is neither the time nor the place; but I do feel that it is right and necessary to enunciate clearly and distinctly the proposition that the moral character or tendency of remedies proposed is not and cannot be a matter of indifference to a true and honest physician; he is bound, on the contrary, by all he holds dear or sacred, to give no advice, even as indirectly as Balaam did to the Moabites, which may endanger or lower the moral tone of his patient or the community; but to help social reform, and intellectual as well as physical progress, in every way in his power.

Let us inquire, then, first, what are the physiological effects of alcohol? second, what are the indications for its employment? third, are there any articles known to us which will substitute it? fourth, should we employ it or not?

1. The medical press of the last ten years has abounded in articles on the physiological effects of alcohol, its effects on the pulse-wave and on temperature, and its value as food or medicine. Those who desire to investigate what has been done will find themselves amply repaid by consulting the papers of Anstie, in *The Practitioner*, Thudichum and Dupré's Treatise on Wines, or H. C. Wood's Therapeutics.

But I do not propose so much to reproduce the thoughts and results of these writers as to record my own observations. The effects of alcohol should be carefully distinguished from that of œnanthic ether, etc., as has been pointed out by Thudichum and others, but is too apt to be forgotten. Nor should the tranquillizing, lethargic effect of hops be omitted in considering the effects of beer and ale. It has occurred to me to be a witness of the striking difference between beer and light wine upon large masses of persons. During the Sängerfest held some years ago in this city, I went with Prof. Bridges to Lemon Hill, and there saw about seven thousand of our German fellow-citizens enjoying themselves of a summer afternoon and paying high court to King Gambrinus. The quantities of lager that flowed were simply enormous; yet all was orderly, decorous. The hilarity was moderate. One American, who had imbibed some whisky before entering, became uproarious and combative, and was taken in charge by the police. A shower of rain brought the open-air festivities to a close. Dr. B. and I took refuge in the doorway of a rolling-mill, past which the whole mass poured itself on its way to the city. Good humor, placid booziness, gradually passing into a lethargic indifference to the inconveniences resulting from the jostling of the crowd, were all that we saw.

Upon another occasion, at the Schützenfest in Frankfort-on-the-Main, in 1862, I saw a larger crowd of persons of the same race, gathered in the immense building erected for their accommodation, listening to the music from the various national bands which had assembled there in friendly rivalry, and drinking freely of light wines which flowed on all sides like water. Hilarity was the order of the day. Dancing, singing, friendly gesticulations, hearty greetings,—all the social side of man brought out in the highest degree. Not one instance of intoxication, as we understand it, did I see. Many were somewhat exhilarated, but this subsided gradually, and gradually the assemblage dispersed, gayly and good-humoredly. How many had headaches and empty pockets to greet them on their return

next day to the work-a-day world, I leave for others to conclude.

Of the maddening effects of alcohol on masses of men on a large scale, I have no personal experience to narrate. But the void may easily be supplied by any one who has witnessed a tavern row or who has read the account of the scenes which occurred in Paris when Louis Napoleon, in order to obtain recruits for the Franco-Prussian war, gave the rein to alcoholic indulgence.

When taken in moderate quantities, alcohol produces the following results. The pulse becomes firmer, fuller, harder; the capillaries are filled with blood, which circulates more rapidly in them; the life-changes and functions of all the organs are performed more energetically. To this succeeds a corresponding period of depression, when the pulse beats frequently but feebly, and the functions are all languidly performed. Between these stages there is an intermediate one of stupor, varying in degree and intensity with the quantity of alcohol taken, its rapidity of absorption, and the susceptibility of the individual. How shall we explain these phenomena? The first stage is undoubtedly the result of the direct stimulation of the vaso-motor nerves and of the cerebro-spinal system. This explains the increased exertions, both mental and physical, the heightened courage of the individual. But the same amount only of blood is circulating as before, only with twice the rapidity. It becomes unfit for the repair of the nerve-centres and the continued evolution of nerve-force; the lungs, though moving more deeply and rapidly than before, fail to rid the blood of the increased carbonic acid, which comes from double tissue-waste upon them, reinforced by the decomposing alcohol itself; and a venous stasis commences, marked by a lethargic state of the individual. Gradually the system frees itself from the accumulation, and then the exhausted nerve-centres must wait till fresh food and time for their repair have restored their powers. To follow the effects of alcohol into the domain of pathology, and show the tendency from often-repeated venous congestion to fatty or other degenerations of kidneys, liver, and heart, to epileptiform disease or cerebral softening, is easy and very tempting; but we are considering the physiological, not the pathological, effects. Nor are we here to consider the moral effects; though I cannot help alluding to one striking difference between alcohol and opium, in the crimes they tend to encourage in their victims. The former will stimulate to acts of brutal violence, such as murder; the latter, to those of cunning, such as forgery, or fraud. The former renders a man a nuisance to society, even more than to himself,—a pariah. The latter makes him a nonentity in society, useless, or perhaps hurtful if he be malicious, but a very torment to himself.

2. The indications for the employment of alcohol may easily be drawn from what has been said, as well as the dangers arising from its injudicious or too prolonged employment. It is more nearly a universal stimulant than any other. Where from any cause the vital powers are depressed, and the functions consequently are defectively performed,—when the circulation, especially, and the nervous energy are unequally distributed,—there we need an agent capable of rousing them temporarily to proper activity, that the needful roborant virtues of food and rest may have time and opportunity to reinvigorate permanently the system. The latter, food and rest, are the only real tonics we possess. These, with healthy (or as nearly so as possible) performance of function by the various organs of the body, maintain that natural system of exchange of the particles of matter entering into our organization, which we call health and life. All other so-called tonics are really only more or less diffusible stimulants. From this it will appear that there is hardly any severe or long-continued illness in which, at some period or other, the use of alcohol in some form may not be indicated. To be of benefit, it should be so employed as to avoid the latter stages. This may be done by using it in small doses, combined with food, or with some more permanent tonics for the absorption and action of which it prepares the system. Used in this way, it may be, and often is, as will appear from what follows, of the greatest benefit,—a powerful agent for good when properly applied, as well as a most dangerous and terrible agent for evil when wrongfully tampered with or indulged in. This has caused its abandonment by many good and earnest men, who have sought to replace it by other means. Let us examine these.

3. Carbonate of ammonium, turpentine, capsicum, and musk are the principal articles which have been at various times proposed or used instead of alcohol. Of the effects of the latter as a general stimulant I have but little personal knowledge. Judging from what I have seen, I should consider it as a stimulant of the emotional nerve-centres, with a secondary influence upon the vaso-motors. Capsicum acts by its local irritant properties, and may, perhaps, produce a sort of secondary reflex irritative fever. It has been recommended and used as a succedaneum to alcohol, and is supposed by many practitioners to be reliable as such. But experience with it in hospital practice in this city has not confirmed this view. It is of great use in flatulent dyspepsia from atony of the bowels, and in the chronic gastritis of drunkards, rousing the exhausted organ to some attempt to perform its duty. But here its usefulness ends. Turpentine, too, acts as a local stimulant to the tissues with which it is brought into contact, and, from its ready absorption, stimulates the circulation by vaso-motor action, rendering the pulse firmer, harder; it also stimulates the action of the kidneys and lungs. But its action on the nerve-centres is comparatively slight; and hence it fails in arousing the system generally to increased activity. The same may be said of carbonate of ammonium and of aromatic spirits of ammonia. These have the property of producing arterial excitement probably from the direct irritation of the tissues with which they come in contact. They are useful as adjuvants,—the former especially when the respiration is embarrassed,—but, from their want of direct action on the cerebro-spinal nervous system, cannot take the place of alcohol. We therefore come to

the consideration of the fourth question: whether, knowing and acknowledging its dangers, we should employ alcohol as a remedy? And, if so, how and when should we give it?

The same argument as to dangerousness applies to other agencies without which civilized life has never been found to exist. Like fire, alcohol has been shown to be "a good servant, but a bad master." In illustration of its value I adduce the following statistics, taken from the records of the Protestant Episcopal Hospital in this city. It occurred to me that, by comparing (if they could be obtained) the results of the treatment of some one disease under similar circumstances by practitioners of similar views generally, but differing in this respect, an opinion might be based upon the facts presented. Typhoid fever is above all others a disease in which good nursing and care, little medicine, and a supporting treatment are required. I therefore requested Dr. S. R. Knight, the superintendent of the hospital, to furnish me an abstract of all the cases of typhoid fever treated by three physicians whose views on the use of alcohol varied as follows: Dr. A. prescribed it sparingly (say f℥xii to f℥xvj of milk-punch — one-fourth whisky) daily; Dr. B. from f℥xvj to f℥xxiv; Dr. C. from f℥xxiv to f℥xlviii. I need not say the result surprised me.

Table of Cases of Typhoid Fever treated at the Protestant Episcopal Hospital; their duration and results.

PHYSICIAN.	YEARS.	TOTAL.	RECOVERED.	DIED.	DAYS IN HOSPITAL.	REMARKS.
A.	1864–1872	65	48	17	34½	Three were moribund on admission; died in less than forty-eight hours.
B.	1864–1872	56	46	10	35	One surgical case, fatal, with typhoid as complication.
C.	1864–1868	26	25	1	39½	

Of the 65 cases admitted under Dr. A., one died in a few hours, and two more in from twenty-four to forty-eight hours; these may be regarded as moribund on admission, and the figures would then show a mortality of 14 in 62 cases (1 in 4½), or more than 22 per cent. If we throw out also the one in which typhoid fever showed itself during the treatment of a fractured arm from railroad-injury, and proved fatal, and which, as far as I can ascertain, was never actually under the charge of Dr. B., the figures would give 9 deaths in 55 cases (1 in 6), or more than 16 per cent. The result of only 1 death in 26 cases under the charge of Dr. C., giving a mortality of less than four per cent., is well calculated to attract our closest scrutiny. The disease seems to have been of a severe, malignant type in 1864, and also, though in a less degree, in 1870–1872; and the figures for Dr. C. (who was not then connected with the institution) might have modified the total percentage somewhat if they had embraced those years. On turning to Dr. Wood's Practice of Medicine, we find that the mortality has varied from 1 in 3½ to 1 in 25 in different years in the Massachusetts General Hospital; nay, from November, 1836, to November, 1838, there were 55 cases without one death. But all this will not explain away the facts given above, and I find myself forced to the conclusion that the free exhibition of alcohol is of decided advantage in the treatment of typhoid fever. And in all similar conditions of prostration of vital forces we must have recourse to it. The particular form under which we may administer it will vary according to the collateral effects which may be desirable. Thus, should it be desirable to quiet an over-sensitive nervous system, to invigorate digestion and increase fatty deposit, the malt liquors will answer our purpose. Should we on the other hand desire rather to stimulate the cerebro-spinal system and quicken digestion, we will find the lighter wines more useful. In these the œnanthic ethers produce a large proportion of their effect. What this is may be judged of from the effect of nitrite of amyl, an analogous substance, and one that may be added, in very small quantity, to a light wine of low grade, with good results. The extremely minute proportion of œnanthic ether present in natural wine renders it necessary to use this mode of illustrating its activity. The resemblance between the effects is very close. If, on the other hand, an equalization of the circulation and a general stimulation be our aim, the heavier wines, whisky, brandy, gin, or rum will have to be resorted to. The former (when free from fusel oil, which acts as a violent cerebral stimulant and irritant) is the best form of alcohol for administration. It should be made from rye or wheat, not from potatoes, barley, or corn. If an astringent influence on the bowels is desired, brandy among the liquors, and port among the wines, will be preferred; the latter also in cases of debility from hemorrhagic tendency. If a laxative, rum; if a diuretic, gin among liquors, or hock among wines. American wines are, many of them, good of their class, but time and experience in their production in our climate are still needed to enable the manufacturers to rid them of a certain roughness and earthiness, instead of masking these disagreeable qualities by the introduction of sugar. Speaking generally, the less sugar a wine contains the better is it adapted for medicinal employment. In the fermentation of grape-juice, alcohol is produced from the sugar present until the latter is exhausted or a certain percentage of alcohol is formed; if less sugar is present than is required for this percentage, acetous fermentation takes the place of the alcoholic; if more, the wine continues to "improve" by the slow development of œnanthic ether, etc., in consequence of a different form of fermentation; this is analogous with the slow fermentation of lager beer, instead of the ordinary brewing of ale. As long as the sugar lasts this process may continue, until the wine becomes "ripe;" after this it deteriorates, tends to undergo acetous fermentation, and is unfit for use.

Three things should ever be borne in mind in the administration of alcohol, except in cases of shock or hemorrhage: 1. It should be given in small, definite quantities, at intervals of three or four hours generally, so as to produce repeatedly the primary

effects, and avoid the second and third stages of its action. 2. It should always, if possible, be accompanied by food, which may thus aid in the permanent invigoration of the patient. 3. It should be withdrawn gradually, but steadily, as the patient regains strength, and no patient should be left to the continued use of it after recovery. While the disease or debility continues, large quantities will often be necessary, but as the powers of the system are restored the desire for it will lessen and disappear, unless an unnatural appetite or craving is awakened. It has been my experience that patients generally readily and gladly assent to its withdrawal as to that of other medicines, when the need for it has ceased; and, after a practice of more than twenty years, I have yet to have upon my conscience the knowledge that one fellow-being has fallen into habits of intemperance (so far as I know) from my prescription.

I would add one hint: when a patient complains of being heated, flushed, rendered uncomfortable, by the administration of alcohol, revise your diagnosis. It may be that you are administering it in an unsuitable form; or that there may be some form of irritation or inflammation other than you have detected; or the constitution and idiosyncrasy of the patient may be such as to render it injurious instead of beneficial.

I feel as though I could not conclude this paper on the use of alcohol without an additional word of caution as to its *abuse*. Of all men, the doctor especially should be free from encouraging by precept or example the habitual employment of alcohol. Its daily use tends to disease, to shortening of life, to lessening its enjoyment. It was a severe definition, but one, unfortunately, not farther from the whole truth than such definitions generally are, which was given by the late Rev. Dudley A. Tyng, —"The man to whom even one glass of liquor a day is a *necessity*, is a drunkard."

NOTES ON A CASE OF THROMBIC ABSCESS, ASSOCIATED WITH DIFFICULT ERUPTION OF DECIDUOUS TEETH.

BY J. E. GARRETSON, M D.

AMONG the first of the days of the last month I was invited by a professional friend to see his child, an infant one year of age, laboring under the difficulties of a multiple tooth-eruption. Examination of the mouth discovered six bag-like cysts overlying the regions of six different teeth; neither mouth nor system was feverish, but the irritability at large was most marked. In lancing the different cysts, each ejected with considerable force its serous-like contents; yet, quite contrary to expectation, no amelioration in the irritability resulted from the operation.

Next there developed in the right gluteal region an abscess of a cold nature, which with great quickness involved the inter-muscular tissue, and found its way into the perineum, sloughing out in mass the cellular structures of the ischio-rectal fossa. After a week this extensive abscess yielded to the opposing forces of nature, and the parts filled up rapidly, affording promise of speedy cure. As, however, the process of granulation in this first abscess was completing itself, a second developed in the deltoid region of the left shoulder; the inflammation here was of the subacute variety, and was treated with alternate applications of antiphlogistic and slightly stimulating medicaments. This inflammation, after a few days, involved the subclavicular region, and extended itself (yet not threateningly) into the axillary space. The matter formed was of course vented immediately on its presence being verified. This second abscess (while in process of cure) was succeeded by a third, developed in the apex of the lung of the same side; and the progress and maturation of this placed the life of the child in the greatest peril, for two days all hope being abandoned.

Recovering from this, still another abscess—in this instance presenting alone primarily the expression of a serous effusion—showed itself in the right parietal region beneath the temporal muscle. In this lesion, the rapidity of the accumulation, together with the entire absence of inflammatory phenomena, inviting examination, the exploring-needle was used, with the result of discovering the effusion to be blood, and not serum, as was inferred. On the sixth day from its commencement, so great was the effusion and so decided its direction towards the zygoma that it became necessary to make an incision. This allowed of a discharge, which consisted of about equal parts of blood and pus.

Happily, throughout the progress of the case the appetite of the child continued, and no difficulty was experienced in the free use of cream and brandy; this stimulant, and Churchill's syrup of the hypo-phosphates of lime and soda, being the only medicinal remedies which it was thought necessary to use. The abscesses terminated with the one in the scalp, and the recovery was so complete that the health of the child at this date seems quite as good as before the attack.

This case was evidently one of multiple thrombic abscess, and in no sense of the word septicæmia. The condition of the system of the little patient during the progress of the abscesses, and the immediate and happy recovery, exhibit, as it would seem, the purely mechanical expression of the different stases.

NOTES OF HOSPITAL PRACTICE.

PENNSYLVANIA HOSPITAL.

SERVICE OF R. J. LEVIS, M.D.

Reported by Dr. JOHN B. ROBERTS.

CASE OF MULTIPLE ENCHONDROMA OF THE FINGERS.

THIS boy, eleven years old, presents himself with a remarkable deformity of the left hand, caused by the presence of a large number of cartilaginous tumors connected with the phalanges. The history states that five years ago the affection was first observed on the back of the hand near the knuckles, since which time the tumors have been forming upon the fingers, and continually, though slowly, increasing in bulk.

There is also a large mass upon the humerus at the elbow, and another connected with the ulna, producing partial luxation of the joint, by which complete extension is prevented, but not flexion. The inferior extremity of the ulna, which is somewhat misshapen by excessive curvature along its shaft, is imperfectly developed, so that the bone is too short, and gives the wrist an unusual contour. The largest masses of enchondromatous materials are situated upon the first phalanges of the second, third, and fourth fingers, and also upon the second plalanges of the second and third fingers, while smaller tumors are seen connected with the remaining phalangeal bones. The motion in the

joints is restricted, and in some places there is partial luxation, although the greatest bulk of the tumors, in most places, seems to be upon the shafts of the phalanges. There is some deposit at the distal ends of the metacarpal bones, and, owing to abnormal relaxation, the fingers can be bent backwards until they stand at a right angle with the metacarpus. There is no pain in the tumors, which are benign, and only impair the function of the hand by their bulk, which prevents the free use of the fingers; the boy can grasp large objects quite firmly, but delicate manipulations are impossible.

These tumors, which at a distance resemble osseous nodules, have a peculiar elasticity, and are simply masses of cartilage developed in the cancellated structure of the bones. This enchondromatous material has the character of the cartilage found in fœtal life, and may be deposited in various situations,—as in the testicle or in the parotid region, as well as in bone. The disease is quite common in bones, and is one of the most frequent causes of benign tumors seen upon the fingers. Occasionally, but very infrequently, the growths assume a malignant character, and then may be followed by the gravest consequences.

"The diagnosis of enchondroma is almost unmistakable, but errors have been made by supposing such tumors to be tensely-filled cysts, on account of their peculiar elasticity simulating an indistinct fluctuation. This error would be most liable to be made with enchondroma in or about the parotid gland. It should be borne in mind that the hardness of enchondroma, when not ossified, is never so great as that of normal cartilage, such as the costal, tracheal, and laryngeal cartilages.

"The microscopic appearance of the structure of enchondroma shows a remarkable want of uniformity of cell-form and arrangement, and this irregularity is greater than in any other form of benign tumors.

"Enchondroma of the hand seems to be almost invariably associated as to its origin with childhood, or is congenital; and experience shows that the increasing development of the tumors usually ceases at the age of maturity. It has been remarked that the thumb is generally exempt from such growths, even when all the other fingers are affected. Although enchondroma of bone in general varies much as to its exact origin, in the hand the tumors always originate within the bony structure.

"In the ordinary location of such tumors, as on the long bones and the bones of the pelvis, there are many recorded instances of their enormous development. In one case, in which the tumor was developed around the entire shaft of the femur, its circumference was three feet, and the patient was relieved of the increasing burden by a successful amputation at the hip-joint. A cartilaginous tumor, involving the upper part of the tibia of a child, attained a circumference of two feet during a period of but eighteen months; and John Hunter removed an enchondroma, developed from one side of the face, which weighed after extirpation nine pounds."

The affection is not amenable to treatment by medication, and excision of the growths or amputation of the members affected would be altogether improper in this instance; therefore the boy must be content to carry this deformity with him throughout life.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

SERVICE OF PROF. LEWIS A. SAYRE.

Phonographically reported by WILLIAM A. GEORGE, M.D.

POTT'S DISEASE—NEW METHOD OF TREATMENT; FIBROUS ANCHYLOSIS OF HIP; TALIPES—SECTION OF PERONEI MUSCLES; FIBROUS ANCHYLOSIS OF KNEE; INFLAMMATION OF KNEE—LOCALIZED TREATMENT BY ACTUAL CAUTERY; TWO CASES OF CARBUNCLE, ONE FOLLOWED BY ANCHYLOSIS OF FINGERS, THE OTHER, BY NECROSIS OF BONE; SUPPOSED FRACTURE OF NECK OF FEMUR SIMULATING HIP-DISEASE—CHLOROFORM.

THIS child, four years of age, was brought to my office six weeks since, from the country, with Pott's disease, or posterior angular curvature of the last two dorsal and first upper lumbar vertebræ, unable to stand, very much emaciated, and the right limb paralyzed,—probably from pressure upon the spinal cord. The child had suffered the usual symptoms of this disease for more than a year past, having been treated for worms, incontinence, and pain in the stomach, the disease of the spine never having been suspected until a few weeks ago, when the physician who had the child in charge sent him to my office.

The patient's parents were too poor to buy a Taylor's brace which I intended to put upon it, and the disease, in fact, had so far progressed as to require of the child the recumbent position for some time before even a Taylor's brace could be used to advantage. As I before said, they were too poor to buy any mechanical apparatus, and, as perfect quiet of the spinal column was requisite, I had the child held up by the arms (the weight of the body acting as an extending force), pinned his little flannel shirt around his thighs, stretching it over his body smoothly, and, commencing at the pelvis, applied rollers saturated with plaster of Paris to his entire trunk, the same as you would to the thigh in dressing a fracture.

The only fear I had in making this application was of constricting the chest so as to interfere with respiration; but, as the child cried lustily during the whole operation, this fear was removed. He appeared able to press the diaphragm down so as to give plenty of room for respiration, notwithstanding that the dressing was entirely around the thorax.

He was held in this position, suspended by the arms, for twenty or thirty minutes, until the plaster became set. Then the cuirass, as it might properly be called, was divided in the median line from the sternum to the pubis, when, of course, his respiration became perfectly easy. The lower portion around the pubis was then secured by a roller, making it a firm support, and the upper portion of the dressing was tied at various points by an elastic bandage, allowing the upper por-

tion to expand for respiration, and, as his parents say, he has been perfectly comfortable ever since, has grown quite fleshy, and is now able to walk about without resting his hands upon his knees.

This child was brought to me again an hour ago, and I have brought him to you to show the practical effect of the application of this plaster-of-Paris dressing, as it is the first time I have used it in this way. I have frequently employed the plaster extending two-thirds around the body, which I have termed "turtle-shelling," but never before carried it clear around, encircling the entire body. As you all know, the streets are nearly impassable from the small icebergs interspersed here and there, and therefore we have been jolted in the most severe manner, and yet the child has never complained at all, although the parents say that it was impossible to move him before without using the greatest care.

We will remove the cuirass, which is for the first time since I applied it six weeks ago. The angle of the curvature is very much less sharp than when the instrument was applied, and the child's general health has improved immensely. [The professor then showed the plaster cast to the class, the mother holding the child in her lap in the mean time. It was then readjusted, when the mother remarked that the child could now sit up, but when the dressing was off it could not sit up at all,—which, as the professor mentioned, was the best proof of the efficacy of the treatment.]

The advantage of this plan is that it is very simple, very economical, the material for its construction attainable anywhere, its ease of application, the readiness with which it can be readjusted as the growth of the child requires, and the accuracy of the fit, giving the child more comfort than any instrument which could be made, unless over a plaster model, which would be very expensive. The objection to the use of plaster is that it is not very clean; but this can be obviated by using starch, flour, and eggs, silicate of sodium, or any thing else that will assume the shape of the body and retain that form.

When the disease occurs in the cervical region there must be a support for the head. Taylor thinks he obtains this by a support under the chin, resting on the shoulders. This, however, will not answer the purpose, for, if the brace be sufficiently slack for a patient to eat, there certainly can be no extension.

Case II.—This little girl now before you, gentlemen, is the same one that was here two months ago, with an anchylosed hip, with the leg strongly adducted across the opposite limb, and the foot inverted, the deformity being that which results from nature's cure of hip-disease.

To rectify this distortion you will, perhaps, remember that I divided the adductor muscles of the thigh and advised an extension-splint with abducting screw, since which time I have not seen her, in the mean time she having been treated by my son.

Examining her, I find the result has been much better than I at the time of the operation anticipated. Here, when we hold the pelvis still, we obtain motion at the hip-joint, flexion, extension, abduction. This, gentlemen, is a case in which massage would be of great benefit. She has no pain, and by having the limb in a position to enable her to walk, her own exertions will greatly aid in perfecting the motion of the joint.

Case III.—This, gentlemen, is the case which was before us some three weeks since, suffering from double club-foot, equinus in the left, and equino-valgus in the right, the sequel of an attack of diphtheria when one year old, the deformity being of fifteen years' standing. You will remember at that time I cut those tissues upon which point pressure produced reflex contractions, and by this test we found that in the left foot the plantar fascia, and in the right the tendo Achillis and peronei muscles, required division, it being the first time in my life where I had seen this contractured condition engrafted on a former paralyzed state of the muscles. After the operation he was dressed in my usual way, and went home. To-day he returned for the application of elastic force.

Upon an examination, we find the trivial wounds healed, the feet capable of being brought into a normal position and retained there, and the tendons which were severed firmly united. He as yet has had no electricity or friction to bring out the vitality of these muscles, but you notice he has perfect control of those divided, and you will recollect when I cut these tendons I restored the foot at once to its natural position, and did not wait, as some advise, until the tendons united before attempting restoration of the parts. I always replace the foot in its proper position immediately on section of the tissues.

But suppose, now, gentlemen, I let this lad go without any instrument to retain his feet in place: what would be the result? Why, in a very short time he would be as badly off as before the operation was performed. The proper treatment of talipes does not consist alone in restoring the foot to a normal position, but in retaining it in that position by mechanical means until sufficient vitality has been secured to the parts, by electricity, massage, etc., to hold it there. And the mechanical means which I here use is a shoe having appropriate joints, and to which are attached such artificial muscles (made of rubber) as the weakness of the parts require. He will also need an everting screw to correct the tendency to inversion of the left foot.

Case IV.—This boy, six years old, has suffered for five years from disease of the left knee-joint, and, although he has recovered from the disease itself, it has been with the usual distortion peculiar to these inflammations of the knee-joint, and with limited motion.

He measures as follows: Left limb, thigh, 8 inches; calf, 6¼ inches; knee, 9 inches. Right limb, thigh, 10 inches; calf, 7¾ inches; knee, 8 inches. Both the legs are of the same length, so far as I can measure, allowing for the flexion. The flexion in this case is nearly at right angles, and is due to the neglect of passive motion during the progress of the disease.

The treatment consists in the application of the same principle of which I have so frequently spoken to you,—namely, the restoration of vitality to the parts, and the restoration of the parts to their normal position. The adhesions here are not so firm as to require *brisure forcé*, and the prospect is good that by means of an extension-instrument with an appropriate joint he can be perfectly cured of his deformity.

Case V.—This, gentlemen, is the little girl who was here last week, and who gave us the following history, as we learn from the stenographer's notes: "N. M., aged 6, has been ill for two years, complaining of pains in the knee which were thought to be 'growing pains,' and which also were supposed to be due to a fall upon the knee. She suffers from pain principally at night; is on her feet all day. Has been gradually wasting in flesh. The family are all healthy with this exception, and the patient had good health previous to the fall. Examining her, there was found to be little if any effusion, a slight increase in temperature, but no redness. There was no pain upon extension, thus excluding the soft parts from the disease; but, upon pressing the ends of the femur and tibia together, at the same time adducting the leg, the pain was severe, showing at once that the inflammation was limited to the inner portion of the articulation, especially as compression with abduction was negative in its effect. By pressing, now,

with our finger, we find the seat of pain at the top of the tibia, where the coronary ligament holds the semilunar cartilage in place."

The child presents the same condition to-day, and the treatment, as I suggested last week, will be the actual cautery. There is no use of strapping, as there is no effusion to be absorbed. Why the actual cautery is best for these cases I do not know, unless it relieves inflammation by shrivelling up the blood-vessels. [The child was anæsthetized, and the operation performed.]

That, gentlemen, is the way to give chloroform: at least, that is the way I give it: a very few drops sprinkled on a handkerchief, and applied close to the face, without admixture with oxygen. I know this method of using chloroform for the production of anæsthesia is contrary to the teachings of all the books. I am fully aware that it is in direct antagonism to the opinion of many distinguished men; but chloroform given in this manner does the work, and, so far as my experience goes (and I administer chloroform six or eight times daily, in all classes of cases), it does the work speedily and safely.

What do you give chloroform for, except to produce anæsthesia? Oxygen is its antidote, and resists its effects. Then why do you give the antidote, which prevents you from obtaining the influence of the drug, when by giving the vapor of chloroform pure and unimpregnated with oxygen it produces its results at once, and with but the minimum quantity? Then, if by some mishap, some peculiar idiosyncrasy of your patient, respiration ceases, a few artificial respiratory movements are all that is required, and the five or ten drops instead of five or ten ounces which have been used are rapidly eliminated from the system, and the patient is rescued from impending death; but if there be a pound of the agent which has been gradually introduced into the patient's circulation, what hope have you—what hope *can* you have—that success will attend your efforts at restoration?

Chloroform is a deadly poison, as strychnia, arsenic, prussic acid, but who ever heard of their being given by the ounce or pound, in connection with their antidotes, in order to attain their effects? No; the doses of these drugs are carefully gauged, and the very same reason which prompts the physician to regulate the doses of strychnia, arsenic, and prussic acid should deter him from giving chloroform in such large and indefinite quantities.

Now, one point in applying the hot iron. You noticed I held it firmly, very firmly, to the knee. And why? Because an evolution of gas takes place, and unless securely held your instrument will slip from the point, and instead of having a linear eschar at the exact spot desired, as the result of your operation you will obtain a half-dozen bad burns, perhaps exactly where you did not desire them.

There is but little pain attendant upon the operation. From some cause, burning with an iron at white heat is the best local anæsthetic we have, and frequently when the operation has been performed once, and it becomes necessary to repeat it, the patient refuses an anæsthetic.

Cases VI. and VII.—Negress, 35 years old. Two months since, she had a carbuncle on the ulnar side of the palm of the hand, which was allowed to pursue pretty much its own course, and finally healed up, leaving her hand in the anchylosed condition which you here see (fingers clenched and rigid).

In this other case, a blacksmith, you observe a different result. In the case of the negress we have fibrinous anchylosis of the fingers, due to the adhesions of the theca to the tendons, while here we have extensive suppuration, sloughing of the dense palmar cuticle, and exposure of the bone; besides, this case is but of a week's standing. These inflammations beneath the palmar fascia, known as "frog felons," are of frequent occurrence, are intensely painful, and sometimes lead to disastrous results. Suppuration taking place beneath this dense tissue, there is no place for the easy escape of pus, and consequently it burrows in every direction, producing infinite mischief.

The treatment consists in an early and free incision; and if the inflammation be beneath the periosteum, as it frequently is, it must be laid open as well, otherwise necrosis of the bone will follow.

Of course, the only thing left for us to do in the treatment of the first case is simply to administer an anæsthetic and break up the adhesions, and give the patient instructions to use and work her fingers as much as possible after she goes home.

But in the case of this blacksmith, I fear the ring-finger will have to be removed. When he came to me yesterday, I laid open the parts, but whether in time to save the finger I cannot as yet say. I will extend the incision I made yesterday, but if simple exfoliation of this denuded bone does not take place, the finger had better be removed early. [Both operations were then performed.]

Case VIII.—Here, gentlemen, is a woman, aged 35, with an enlargement upon the upper and outer portion of the left thigh that has a peculiar rounded shape. There are two sinuses here; one over the trochanter major, and the other opening half-way down the thigh, the latter presenting the characteristics, first pointed out by the late Dr. Stevens, of leading to dead bone. I have never yet seen a sinus having the appearance of the cloaca of the hen, that did not communicate with necrosed bone.

This woman states that she has been laid up for three years with this trouble, has been under treatment and has had extension applied, evidently by some one who thought she had hip-disease.

By holding the pelvis still, and pressing with great force against the acetabulum, I produce no pain, and can obtain slight motion without pain; but if we make the motion too extended she suffers, owing, I presume, to the extra-capsular inflammation, and by this means we exclude disease within the joint proper. By the use of a soft, flexible probe like this, as I supposed, here we find necrosis of the femur which does not involve the joint. By inserting the probe at the lower opening it passes upward seven inches, and grates on dead bone near the great trochanter; and by a tortuous course which this flexible probe readily follows, I find this upper sinus communicates with the same necrosed bone.

In the further examination of this case we discover she has the exact position which generally follows fracture of the neck of the femur,—shortening and eversion; but the patient declares that she never had fracture.

We will now put the end of the tape on the tuberosity of the ischium, and, carrying it around to the anterior superior spinous process of the ilium (Nélaton's test), we find the trochanter major above the line, showing that there has been fracture of the neck of the femur, dislocation or else disease of the acetabulum, allowing the head to ascend. But if it had been hip-disease, third stage, there would be inversion of the foot, and not eversion; besides, I have motion in this joint almost too free to admit of there having been hip-disease. It is barely possible that the disease might have progressed, and the limb assumed this peculiar position owing to artificial traction; but my diagnosis is that this is a case of fracture of the neck, which has united, throwing out an enormous amount of callus, imprisoning dead bone, and that this necrosed bone is the cause of the discharge which has been kept up for three years.

In the treatment of this case, I shall simply dilate this lower opening: to make an incision seven inches long in a woman who is run down like this one, is a very serious matter, and by dilating this lower opening with a sponge tent or piece of laminaria, and putting in a drainage-tube, it is very probable that the small portion of dead bone will come out of itself, and by the use of a splint with an abducting and inverting screw we will try to rectify the deformity. Of course she is to have fresh air, good beef-steak, and plenty of exercise, which the use of the splint will enable her to take. By these means, I think, she will get entirely well, with an exceedingly useful limb, as the shortening can be overcome, in a manner, by an extra lift on the heel and sole of her left shoe.

This case, gentlemen, is very interesting, from its simulation of hip-disease, and for which it could readily be, and has been, mistaken.

TRANSLATIONS.

THE VASO-DILATATIVE ACTION OF THE GLOSSO-PHARYNGEAL NERVE ON THE MUCOUS MEMBRANE AT THE BASE OF THE TONGUE.—M. Vulpian presented at a recent meeting of the Académie des Sciences a note on this subject, of which the following is an abstract. Curarized dogs in whom artificial respiration was maintained were used for experiment.

After having exposed the glosso-pharyngeal nerve below the base of the cranium, it was tied, and then cut above the ligature, so that its peripheral extremity could be excited by electricity.

No change in the appearance of that portion of the mucous membrane of the tongue supplied by this nerve, the posterior, from the epiglottis in a V-shaped direction to the calciform papilla, was observed, excepting slight and transitory congestion. An induced current passed through the peripheral portion of the nerve caused redness of the lingual mucous membrane on the same side in the locality mentioned. This red color was particularly intense in the neighborhood of the anterior half-arch, and extended to the tonsil. The inferior surface of the tongue became congested at the same time, but to a less degree. The vessels of the congested parts could be seen to be enlarged, and the temperature of the mucous membrane was somewhat increased, but it was not moist. The effect of faradization lasted some time, and could be renewed at pleasure. These results are the same as those obtained by cutting, on the same side of the same animal, the lingual nerve at its superior part, the hypoglossal and the pneumogastric close to the cranium, after having, in addition, excised the superior cervical ganglion. The same results are observed in an animal poisoned with sulphate of atropia. The mechanism of this vaso-dilating action of the glosso-pharyngeal is undoubtedly the same as that exercised by the fibres of the chorda tympani which accompany the lingual nerve to its extremities.

Further experiment showed that the vaso-dilatative fibres contained in the glosso-pharyngeal are not present in the facial.

Finally, the vessels of the mucous membrane of the tongue are everywhere under the influence of vaso-dilatative fibres. In the anterior part of the tongue it is the lingual which supplies this action by means of anastomotic fibres received from the chorda tympani; in the posterior part of this organ it is the glosso-pharyngeal by which, as has been shown, this office is performed.

JABORANDI.—M. Gubler presented to the Société de Thérapeutique recently two specimens of jaborandi, one of which had been sent to him by M. Coutinho, the other taken from a lot consigned to a drug house in Paris.

These two specimens resembled each other closely, and seemed to belong to the same species (*Pylocarpus pinnatus*); their action was identical. A patient to whom M. Gubler had administered four grammes of this new jaborandi perspired very freely, and gave about a litre of saliva. The branches seemed to have an action similar to that of the leaves, and nearly as intense.

The administration of jaborandi is appropriate, M. Gubler thinks, under all circumstances, and in any disease. It occasionally produces vomiting, particularly when it is not administered fasting. Other effects are, production of violent thirst, and, occasionally, considerable swelling of the submaxillary glands. Jaborandi is indicated, accorded to M. Gubler, in anasarca and effusions of all kinds, subacute articular rheumatism, bronchitis with asthma (M. Gubler has had remarkable success in preventing attacks of the latter affection), and influenza. It may also be recommended as a substitute for calomel, especially in ophthalmia, when it is desired to induce salivation. X.

A CASE OF CEREBRAL RHEUMATISM TREATED BY COLD BATHS.—M. Blachez communicated the following observation to the Société des Hôpitaux (*Bull. Gén. de Thérap.*, February 28). A woman thirty years of age was attacked by the first symptoms of rheumatism on the 14th of January. On the 16th the rheumatism was fully developed. On the 18th the articular pains disappeared, the fever becoming more intense. On the 19th delirium supervened, the pulse rising to 118. On the 20th, condition worse; violent delirium, pulse 156, temperature 107.2°; the case seemed desperate. After consultation, the first bath, reduced by ice to 78°, was administered. The patient, after remaining immersed for an hour and a half, showed a pulse of 96 and a temperature of 101.1°.

From the 12th to the 24th twelve baths were given, the temperature of these baths ranging from 73.4° to 77°. Under the influence of these a gradual amelioration of the patient's condition was brought about. On the 25th the temperature was 99.3°, and the pulse 96; consciousness returned by degrees. By the 27th the patient was convalescent, and on the 5th of February she went out for the first time. X.

THE LESIONS PRODUCED BY ERYSIPELAS.—Dr. Renaut (*Archives Gén. de Méd.*, March, 1875) formulates his ideas upon this subject as follows:

1. The lesions produced in the skin by erysipelas are those of a simple inflammation, a *dermatitis;* the latter characterized by two anatomical periods: (*a*) infiltration of white blood-globules into the derma, corresponding to inflammatory œdema; (*b*) proliferation of fixed cellules, less transitory, and which appear to play an important part in the induration consecutive to erysipelas.

2. The infiltration of the white globules into the derm takes place by exudation. The white globules are brought by the lymphatics of the blood-vessels.

3. They are taken up for the greater part by the lymphatics, and when the transportation is very active the latter become inflamed consecutively.

An endolymphangitis, a lymphangitis, or a perilymphangitis may be brought about. The passage of the white blood-globules in the lymphatics occurs in the lymphatic spaces of the skin channelled in the middle of the fasciculæ of connective tissue.

4. In intense erysipelas the adipose tissue becomes inflamed, and returns to the embryonic condition, taking a prominent part in the primitive and consecutive erysipelatous induration. X.

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, APRIL 10, 1875.

EDITORIAL.

PROFESSIONAL ADVERTISEMENT.

THE subject of professional advertisement, upon which we have had occasion to speak at various times, seems to be attracting very wide attention at present. We think such attention is extremely necessary in certain quarters, and in no place is it required more urgently than in the neighboring city of New York. If our medical friends there continue as they have done to use increasingly the *Tribune* as their means of communication with the profession, we will have to withdraw our subscription from our old favorite, the *Medical Record*, in favor of its more pretentious rival. We are not surprised, therefore, that the *Record* is discussing the matter with more boldness than formerly. Indeed, one of its recent editorials might have been mistaken for the product of the pen of "an Ishmaelite." The New York societies are certainly to blame in this matter; some of their most prominent members seem to have abundantly and openly transgressed the Code of Ethics, and the *Record* is undoubtedly correct when it says, "The medical man himself is alone responsible for allowing himself to be used as a means of sensationalism in any shape." The following challenge to the societies contains so much that is true and suggestive that we offer no apology for extracting it from the columns of the *Record:*

"Believing it to be our duty to be outspoken in this matter, we, even in this day, when newspaper advertising is timidly winked at by our County Society, dare question the right of any medical man to laud himself at the expense of his more deserving but less modest confrères. We care not who this man may be, whether a professor, a president of a society, or a leading practitioner, he is always amenable to discipline, and should, when found guilty, always be punished. If punishment cannot be inflicted without the fear of offending, then let us abolish our code of ethics, let the county societies alter their by-laws, and cease their presumptuous censorship of the profession. The Committee on Ethics may take up the case of some obscure individual, who, without influence and without friends, may be forced, in the face of starvation, to get business by unorthodox measures, and may annihilate him by expulsion. But how is it with some prominent men who presume to transgress the code with impunity? We have yet to hear of one who has ever been brought to account."

We fear the only answer which will be given this will be some senseless personal abuse of the editor who penned it; but nothing would better clear the professional atmosphere throughout the country than a thunderstorm in New York. The present tendency to neglect of ethics largely had its origin in that city, and the expulsion of one or two prominent men from the societies would render professional advertisement unfashionable for some time to come.

WE have been asked to call attention to the following circular:

"Some of the descendants of William and Samuel Tuke (the former of whom proposed the establishment of the York Retreat in 1792, and the latter wrote the 'Description' of the humane system of treatment commenced there) having placed at the disposal of the Medico-Psychological Association the sum of one hundred guineas, the Association offers a prize of this amount for

"The best series of original Cases and Commentary, illustrative of the Somatic Ætiology of various Forms of Insanity, accompanied, when possible, in fatal cases, by reports of post-mortem examinations and microscopical preparations,—their bearing on the symptoms being pointed out.

"Cases not seen by the writer may be cited, but must be distinguished from those actually witnessed by himself.

"The W. and S. Tuke Prize is open to all without restriction as to country, profession, etc., but the right is reserved to withhold it should there be no essay of sufficient merit. Essays, to be written in English, and not in the author's handwriting, to be sent with a sealed envelope, bearing the motto of the essay, and containing the name of the writer, to the undersigned, not later than June 30, 1876. The microscopical preparations, but not the essay, to belong to the Association.

"W. RHYS WILLIAMS, M.D.,
"*Hon. Sec.*

"BETHLEM ROYAL HOSPITAL, LONDON."

CORRESPONDENCE.

South Oil City, Pa., March 6, 1875.

To the Editor of the Philadelphia Medical Times:

On the 16th of November last I was called to see a boy aged 4 years, who was suffering from strangulated inguinal hernia. After making the usual attempt to reduce by taxis, I resorted to the use of chloroform. Still finding the reduction difficult, I had the lad suspended by the feet, the head hanging down, while I continued my efforts at reduction. After hanging three or four minutes, the chloroform-narcosis was so far overcome that I thought it necessary to administer more of the anæsthetic. For this purpose he was placed on his back, when, almost instantly, he became insensible, and, although I continued my manipulations of the hernia, continued so till I again ordered him to be suspended as before, when in a very few minutes—I should say three or four—he again aroused, and cried out. As the hernia was yielding, I retained him in position till it was returned, when I placed him on his back, and he immediately became unconscious, and went into a profound sleep, which lasted some fifteen minutes. I report this case as confirmatory of the theory of Nélaton, that chloroform-narcosis causes an anæmic condition of the brain and spinal cord.

Yours truly,

F. F. Davis.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday Evening, February 11, 1875.

The President, Dr. William Pepper, in the chair.

Aneurism of the aorta, with supposed rupture of the heart.

Dr. JOHN GUITERAS presented the specimen, and read the following history:

"As the nature of the case was not suspected during life, the history I have been able to obtain from the attending surgeon, and the notes on the autopsy, are necessarily very imperfect.

"H. M., æt. 40, admitted into the medical wards of Blockley Hospital on the 4th of November, 1874. No careful examination was made of his condition; and, as he had a sore on the face, he was transferred the next day to the surgical ward. Here he was treated for syphilitic necrosis of the nasal bones. Besides this, he rather frequently called for relief in attacks of bronchitis, which soon yielded to treatment, and never made necessary a physical examination. Nevertheless, the man was weak, and indisposed to move. He was short of breath, and kept a good deal to his bed. To get a good night's sleep he required anodynes, and preferred to lie with the shoulders elevated.

"On the 13th of January he felt better than usual, and did not take his evening dose of morphia. At 11 o'clock the night-nurse heard him blowing as if to spit up something. A few minutes after, the doctor found him tossing about in the bed, and gasping for breath. He was able to utter short, interrupted sentences. The skin was purple, cold, and clammy. No pulse could be felt, except, perhaps, at the carotids. Though the movements of the patient prevented all attempts at auscultation, the condition was diagnosed as one of heart-failure, and was treated accordingly. At 1 o'clock A.M. he died in a condition of syncope. The urine removed before death was not albuminous.

"*Autopsy.*—The cartilage-knife was made use of to cut the costal cartilages over the heart. In removing the sternum, a piece of the pericardium, about two inches in diameter, was shaved off; a considerable amount of blood ran out, and a clot was seen bulging through the opening. This clot filled up the pericardial sac, was half an inch thick, measured six by five inches, and weighed eight and a quarter ounces. It was recent, as shown by its dark color and jelly-like consistency. On removing it, a small projection from it appeared to be entangled in the cardiac walls. On grasping the vessels at the root of the neck, blood was seen to well out of a small slit in the anterior wall of the left ventricle. When the thoracic viscera were removed, it was found that the arch of the aorta was dilated into a large aneurism, the upper wall of which was left in the body.

"I saw the specimen a few days after its removal, and was led to doubt the existence of cardiac rupture. Examining it carefully, I find that the heart is enlarged. The deposit of fat around it is abundant, especially about the right ventricle. Less than one inch from its origin, a large dilatation of the aorta begins, and extends somewhat beyond the origin of the left subclavian. It might hold a large orange. Its outer surface is very ragged; the inner surface is covered with irregular layers of fibrin, which have broken down in some places, leaving the sac-walls very thin. On its anterior wall, in the ascending portion of the arch, there is a place where the thrombus is deeply excavated, and at the bottom of this excavation the adventitia seems to have been perforated. On filling this portion with water, the liquid leaks, drop by drop, through the opening.

"The left ventricle is moderately dilated and hypertrophied, its walls measuring half an inch. The right ventricle is not dilated, and its walls measure from one-sixth to one-eighth of an inch. Just to the left of the inter-ventricular septum, and one and a half inches from the apex, the slit is found. It is directed downwards and outwards, and measures less than half an inch. Its edges are perfectly smooth, very much resembling an incision. The upper end runs straight into the cavity, whilst the lower end runs slanting to meet the upper one; thus leaving a very small opening on the endocardial surface, so small that it was only detected by pushing a director from the outside.

"The valves are slightly thickened, but the endocardium in the cavities and at the seat of puncture is perfectly healthy. There is no lesion of the cardiac walls about the opening. The muscular fibres present the usual slight fatty degeneration common to all cases of hypertrophy with dilatation.

"In regard to the slight attachment of a portion of the clot to the viscus, it must be remembered that it did not lead to the discovery of the opening, but it was brought to mind after the slit had been found.

"The following reasons seem to disprove the existence of rupture of the heart:

"1. The presence of an aneurism of the arch of the aorta, a lesion which is so apt to terminate by rupture into the pericardium. The walls of the sac are very poorly organized, and at one spot an opening seems to have occurred during life.

"2. The pericardium, endocardium, and the muscle itself present no acute or chronic lesion that could have caused a rupture. The deposit of fat around the heart is not more than what I have seen in a good many cases.

"3. The features of the slit. It is a perfectly clean cut. The upper end leads perpendicularly down into the cavity of the ventricle, whilst the lower end slopes gradually almost to meet the upper one; thus representing the shape of the blade of a knife. Experimentally, I used the knife in cutting the costal cartilages of another subject, without being careful to avoid the heart, and I produced a slit similar in every respect to the one in our specimen.

"4. I also think that I found the trace of the knife in the clot; but this had been handled a good deal.

"The perforation was rendered particularly easy in this case by the clot of blood distending the pericardium, and by the layer of fat covering the anterior surface of the viscus; both circumstances tending to diminish the resiliency of the structures to the knife."

Dr. JAMES TYSON said he had seen the specimen immediately after its removal from the body of the patient. At that time a probe had been introduced through the opening of supposed rupture, but he was at once impressed with the resemblance of the orifice to that produced by a knife, such as often occurs when opening the chest rapidly. He was informed, on remarking upon this resemblance, that the orifice, when discovered, was covered by a huge clot of blood which appeared to render such an origin impossible. Dr. T. had no doubt that the orifice was produced by the knife in the post-mortem examination, and that the clot was probably due to a rupture of the aneurismal sac.

Obscure growths in the liver.

Dr. A. C. W. BEECHER presented, for Dr. J. C. NORRIS, the specimen, derived from C. L. J., aged 60 years, American, strictly temperate; had had no serious ailment prior to the sickness from which he died; never had venereal disease; no intermittent fever; no dysentery; no hæmatemesis; no dropsy. He was a confectioner until eight years ago, since when he had not been engaged in any business. His family for several generations was healthy; no history of cancer, consumption, or syphilis. The last sickness was of sixteen weeks' duration; he was deeply jaundiced after the first week. He was costive during the first six weeks, after which his bowels were moved daily without medicine, the stools being clay-colored from the first, and continued so until death.

There was no pain at any time in any of the abdominal organs, and no enlargement. Urine passed in normal quantity and deeply colored. He expectorated large quantities of frothy matter, occasionally colored with blood. He suffered from a great irritation of the skin, compelling him to scratch all night unless under the influence of anodynes.

The above history was given to Dr. Beecher by Dr. J. C. Norris, at whose request Dr. B. made the post-mortem examination, assisted by Dr. Isaac E. Roberts.

Post-mortem examination.—Skin deeply jaundiced, body somewhat emaciated, abdomen rather scaphoid.

The *abdominal viscera* were all deeply tinged with biliary coloring-matter; otherwise healthy, except the liver, which, though normal in size, had a hard mass of tissue at its transverse fissure, and surrounding the vessels entering there. There were a few hard nodules in the longitudinal fissure, and these were very small. The vessels entering the liver were markedly encroached upon in their calibre, the portal vein and hepatic artery being reduced to about one-eighth of an inch in diameter. The gall-bladder was not distended, and upon pressure there exuded a transparent straw-colored or yellow fluid of syrupy consistence. Upon plunging a scalpel into the substance of the liver, a fluid similar in character to that from the gall-bladder poured out: it was not so thick, however. The quantity amounted to several ounces. This fluid seemed to come from the dilated hepatic ducts, which were very much enlarged; in the hepatic duct, just before it entered the cystic duct, there was a dilatation equal in size to a shell-bark. Though there was apparently no obstruction of the common bile-duct or of the cystic duct, yet the fluid in the liver did not exude under slight pressure.

The heart was small, but healthy; the lungs healthy, but some old pleuritic adhesions on the right side. No abnormal effusions in any of the cavities either of chest or abdomen. Kidneys healthy, but stained with bile.

Dr. S. W. GROSS asked whether the growths had developed from the secreting tissue of the liver or in the connective tissue about the transverse fissure.

Dr. R. M. BERTOLET, to whom the specimen had been referred for microscopical examination, said he had not had time to make a satisfactory examination. The sections he had removed contained nothing beyond connective tissue and fat-globules, further division of the growths being deferred until it had been exhibited. The tumor, when he first saw it, was about as large as a shell-bark, had surrounded the portal vein, and pro duced evident constriction. The matters contained in the gall-bladder and biliary ducts were biliary, and gave the usual reaction of the bile-pigments. If it should be scirrhus, it is certainly a very unusual site for it. There are, on the other hand, many clinical facts against it. In the first place, primary cancer of the liver is exceedingly rare; three-fourths of all cancers of the liver are secondary, and of these two-thirds are metastatic to primary growths in the visceral area of the portal circulation. Further, it has some suspicious appearances which suggest a gummy tumor, which, although usually occurring in multiple form, is sometimes isolated.

Dr. GROSS said his reason for asking the question lay in the fact that all the specimens of carcinoma of the liver he had seen had been developed in the substance of the liver, and not in the connective tissue, while it is well known that it is claimed that cancer is never developed in connective tissue, but only in glandular structures.

The PRESIDENT said that the specimen was one of great clinical rarity, whatever the nature of the growth might be. In carcinoma of the liver, masses of varying size are frequently seen developed from the glands or connective tissue in the transverse fissure of the liver, without actually involving the hepatic structure. The walls of the gall-ducts or bladder, or less frequently of the blood-vessels, may either become involved in the disease, or may be compressed so as more or less to obstruct the lumen. Nearly always in such cases there has been disease of other portions of the liver-structure associated; and he could not remember more than a very few instances where carcinomatous growths had appeared limited exclusively to the tissues in the transverse fissure of the liver. If this specimen be of malignant nature, therefore, it certainly should be regarded as of unusual interest.

Dr. BERTOLET said the latter question was answered by the fact that secondary cancers of the liver often could be clearly traced to cancerous thrombi in the vessels of the organ, the infecting mass being developed in and spreading from these thrombi. Virchow has even seen a thrombus of the portal vein undergo complete carcinomatous degeneration when there had been as yet no extension to the surrounding tissues. Naunyn goes so far as to say that all secondary cancers of the liver originate as cancerous degenerations of the thrombi,—that the majority of carcinomas of the liver start out from branches of the portal vein; but, as this growth lies outside and not within the lumen of the vessel, such a thrombic source is excluded.

Dr. B. stated that he had recently had the opportunity of studying several fine specimens of secondary hepatic cancer, and had noted that a peripheral or portal invasion of the acini seemed to be the rule, and that all attempts to inject the portal vein had signally failed.

The specimen was referred to the Committee on Morbid Growths, which reported as follows:

"The hepatic growth presented by Dr. Beecher consists of a dense whitish cicatricial tissue, in which are imbedded irregularly-shaped, yellowish, cheesy masses. The great preponderance of the gray fibrous tissue gives the growth a dense, scirrhus-like consistence. Bands of connective tissue permeate the growth in every direction, and, extending along the portal vein for a considerable distance beyond the point of constriction, render its walls thick and inelastic.

"Microscopically, the large nodule attached to the portal vein is made up of the fibrous tissue already mentioned, granular hyperplastic cells, and oil-globules. The central portions of the growth are in a more advanced stage of fatty and cheesy metamorphosis.

"There can be little doubt that we have here to deal with a mass of sclerotic tissue, the condensation and retraction of which have led to the partial stenosis of one of the branches of the portal vein and the occlusion of the adjacent biliary ducts; so that the latter can be readily traced to the surface of the organ, where they at times are dilated to the size of a crow's quill.

"No traces of a lymph or glandular structure could be discovered in any part of the growth. Whether the hyperplastic mass was irregularly called forth by syphilis or some other irritant the clinical history of the case perhaps may disclose, but, until the contrary is proved, your committee are inclined to regard it as a *gummata*."

BIOLOGICAL AND MICROSCOPICAL SECTION OF THE ACADEMY OF NATURAL SCIENCES.

FEBRUARY 1, 1875.

DIRECTOR W. S. W. RUSCHENBERGER, M.D., in the chair.

DR. J. CHESTON MORRIS, Chairman of the Committee appointed to examine optically the one-twenty-fifth and one-fiftieth objectives displayed at the late Exhibition of the Section, made a report, which was referred to a committee, and of which the following is an abstract:

The lenses submitted for examination were a one-sixth, one-tenth, and one-fiftieth made by Tolles, all immersion, a one-twenty-fifth immersion by Wales, and a one-fiftieth, dry, made by Powell and Lealand. The points which we considered it requisite for us to examine were, 1st, flatness and clearness of field; 2d, definition; 3d, penetration; 4th, resolution; 5th, angle of aperture; 6th, achromatism; 7th, amplification; 8th, working focus. Penetration or depthing is the property by which a lens shows us with tolerable distinctness objects or structures lying just within or beyond the best focal point or plane, and is of the greatest importance in tissue-investigations. [As a method for testing penetration (hitherto a desideratum), Dr. Morris proposes to examine a cover ground so as to be one one-hundredth of an inch thinner on one edge than its opposite, and to measure with an eye-piece micrometer the breadth of the band of ground glass distinctly visible (flatness of field being presupposed).] Again, resolving power is the property of showing certain lines, markings, or shadows on diatoms, etc., and may or may not co-exist with best defining power: it depends in great measure upon angle of aperture, and is to a great extent an antagonistic property to penetration. The dependence of resolving power upon angle of aperture is very well shown by placing a Pleurosigma angulatum, for instance, under a one-fourth or one-tenth, with such an eye-piece as will amplify sufficiently, and putting the compound body horizontally in front of a direct light. In this position no lines will be seen, but by rotating the compound body on its axis an oblique light is obtained, which at different angles, according to the power of the objective, will bring out transverse or oblique lines, and finally dots appearing as hexagons. The following results were thus obtained:

Power Employed.	Transverse Lines.	Oblique Lines.	Hexagons.	Total Obscuration.	Angle of Aperture.
Spencer's one-half inch, C eye-piece (lines beginning to show at 25°)	25°			30°	60°
" one-fourth inch, C eye-piece	20°	25°	50°	60°	120°
" one-eighth " "		0°	40°	65°	130°
Tolles's one-tenth immersion (lines broken into dots)		8°	20°	85°	170°
Wales's one-twenty-fifth, immersion			0°	70°	140°
Powell & Lealand's one-fiftieth, dry		15°	20°	63°	126°
Tolles's one-fiftieth, immersion			0°	70°	140°

We found that the one-fiftieth of Tolles gave good results as to flatness and clearness of field, penetration, resolution, amplification, and working focus or distance. Its definition is only fair, as also its working angle of aperture, while as to achromatism there is much improvement to be desired, and in working focus and general usefulness much might be gained by setting the front lens less deeply and reducing the brass work of the face. We were, however, agreeably surprised by the facility with which it can be handled.

The one-fiftieth of Powell and Lealand was not equal to the above in clearness of field nor in definition nor in working focus. Its penetration was equal, as also was its amplification, but its angle of aperture was 14° less.

The one-twenty-fifth of Wales is a very superior lens, giving good definition, resolution, and penetration, whilst its other qualities are very fair.

The one-tenth of Tolles, although constructed mainly for use with oblique light, showed itself a good lens, with direct central rays, as to flatness and clearness of field, definition, amplification, and resolution; its angle of aperture is wonderful, while its achromatism and even its penetration are very fair, and its working focus sufficient.

From the observations noted above we deduce one very important fact, viz.: That the different appearances of lines, dots, hexagons, etc., on Pleurosigma angulatum are not only the varied results of angle of aperture, of amplification, and of illumination, but that they may be obtained with less and less obliquity of light as we increase the power of the objective; thus making it evident that high powers with direct central light show us clearly things which we rather guessed at than saw (owing to the increased chance of spherical and chromatic aberration and distortion from the employment of oblique light) with lower ones.

We would conclude, therefore, by recommending these high-power lenses to those engaged in microscopic research, not as capable of doing all work,—a one-inch is as indispensable to a histologist as a one-fourth,—but as likely to be proportionately useful in unravelling the mysteries of organic life.

Dr. J. GIBBONS HUNT desired it to be distinctly understood that he had nothing to do with the preparation of the report, and did not wish to be held responsible as a member of the committee for the views advanced in it. He considered that it embodied the obsolete views of Carpenter and Beale in regard to penetration, which term should be dropped from the vocabulary of microscopists. He believed that penetration and resolution

can be and have been combined in the best objectives.

Dr. J. CHESTON MORRIS stated that the report was based upon a careful and conscientious examination of the objectives by the committee, and was in accordance with the well-known laws of reflection and refraction of light. He had submitted the report to Prof. George F. Barker (of the University of Pennsylvania), who had approved it so far as the optical questions were concerned, except, perhaps, on the subject of penetration, which he attributed to imperfect spherical correction. He could have wished that Dr. Hunt had expressed his dissent from the document as freely in private, when it was shown to him, as he had just done. All he did at that time was to suggest some slight alterations and additions, which being made, Dr. Morris was led to expect his adhesion to the report. As to the question of penetration being a useless one, he considered the presence of this quality in the lenses of Tolles of great moment. High angle of aperture and penetration have not been combined in the objectives of the German, English, and French makers to the same degree.

Dr. HUNT said that what one man calls penetration another does not, terms often being used without an exact knowledge of the meaning intended to be conveyed by them. He preferred a lens that will give one absolute focus rather than three indistinct ones. The conditions of testing are frequently fallacious, and imperfect illumination is one of the most prolific sources of error. With low objectives, as, for example, a one-fifth, used with the amplifier, very satisfactory and reliable results can be obtained.

In conclusion, Dr. HUNT proposed that at some time during the next year any resident member or members of the Section should prepare one dozen microscopical preparations, extemporaneous or otherwise, representing that many different departments of microscopical work, and exhibit the same at a meeting or meetings of the Section, under his own apparatus and in his own way, the object being to test men in regard to their technological skill, he offering to do the same. Those competent may compare and judge the results.

On motion of Dr. MORRIS, it was resolved that the Curator be authorized to purchase for the Section a Nobert's test-plate.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

CONVERSATIONAL meeting, Wednesday, January 27, 1875, at the Hall of the College of Physicians.

DR. WILLIAM GOODELL, PRESIDENT, in the chair.

Dr. J. C. MORRIS read a paper on the "Use of Alcohol in the Treatment of Disease."

Dr. G. HAMILTON remarked that the numbers adduced by the lecturer were too small to admit any positive conclusions in regard to the comparative success of the moderate or immoderate use of stimulus in the treatment of typhoid fever. Other causes might operate. Long ago, in the hospitals of Paris, the disease had varied in its fatality during a series of years from one death in three, to one in twenty cases. under the same treatment and with similar surroundings.

The late Dr. William Gebhard, eight or ten years before his death, had said to him that typhoid fever had become so modified that he no longer regarded it as a very fatal disease.

Dr. ESHLEMAN said that in the experiments on Alexis St. Martin alcohol arrested digestion in the stomach. He does not hesitate to use it in typhoid fever, although he thought it was less used now than during the war.

The PRESIDENT stated that in the administration of stimulants he was governed pretty much by one rule. When there is a craving of the system for alcohol, a few minutes after the patient has swallowed it his breath gives no indication of its presence. But when it is not needed, or when contra-indicated, his breath becomes loaded with its fumes. Apart from other positive clinical deductions, this peculiar tolerance of alcohol in certain stages of disease is in itself a strong argument for its value as a therapeutic agent.

Dr. ALLIS asked the lecturer the best mode of administering stimulants when the patient is almost bloodless, or suffering from shock.

Dr. MORRIS said he had assisted in some experiments upon St. Martin. Dr. Eshleman's statement was correct, but he thought quantity and habit had something to do in his case. Dr. M. said the object in cases of shock, such as referred to by Dr. Allis, was to arouse the powers. The pulse is small, thready, and life is at a low ebb. Put mustard on the stomach and brandy in it, the impression is immediately felt, and reaction sets in.

Dr. ATLEE said he had no experience in the use of alcohol. He had always dreaded it, and, in typhoid fever, gets along without it.

Dr. HAMILTON said in reference to the condition alluded to by Dr. Allis, characterized by repeated vomiting, rapid and feeble pulse, that the same thing was often seen in obstetrical practice, when excessive hemorrhage had completely exhausted the patient, and was probably dependent upon the exsanguineous condition of the brain and spinal marrow, and, as a sequence, deranged correlation of the entire nervous system.

Dr. LEE asked the experience of the lecturer of the use of alcohol in disease.

Dr. MORRIS said he had not seen any specific action. It is a tonic to the stomach, and may thus be used gradually with benefit, but he has seen tubercle develop during alcoholism. He believes in the contagiousness of tubercle. Some individuals are more susceptible than others, from constitutional predisposition.

Dr. STETLER asked Dr. Morris how he advised stimulants to be administered in such persons as our old friend Timothy, who are obliged to take them for their "stomachs' sake." In these cases Dr. S. thought they ought to be given after meals, and greatly diluted. If given too concentrated, they would rather retard than promote digestion. St. Martin's digestion was, he believed, good, and if whisky retarded it, as remarked by Dr. E., he probably took it in a too concentrated form. Dr. S. referred to the very successful treatment of typhoid fever at the Pennsylvania Hospital about twenty years ago (while he was a student there), when stimulants were given *pro re nata*.

The late Dr. Gebhard stated that he had treated seventy-five cases consecutively (some in private practice) without having lost more than one, and that one was a woman who came in with a tubercular complication, of which she died, and not of typhoid fever.

Dr. MORRIS said he was accustomed to give wine whey on the eighth or ninth day, so as to bring the pulse down to ninety, and keep the pulse round and full; afterwards milk-punch (1 to 5 of milk) once in four hours or oftener, so as to produce this effect. In enfeebled digestion he gives ale, sherry, hock, etc., at meals. In a concentrated form alcohol coagulates albumen, retards digestion, and produces chronic gastritis.

DEATH FROM THE USE OF PERCHLORIDE OF IRON.—A foreign cotemporary records a fatal instance of the use of a uterine injection of perchloride of iron. Peritonitis supervened soon after administration, and death occurred in thirty hours.—*Lancet.*

GLEANINGS FROM OUR EXCHANGES.

VALUE OF QUININE IN SCIATIC NEURALGIA.—Dr. D. I. Mackenzie (*Lancet*, March 6) had under his care a woman in whom sciatic neuralgia became developed, subsequent to injury received in a fall, by which the left thigh beneath the gluteal fold had been severely bruised. Three weeks after the accident the patient was seen by Dr. M., who ordered opium externally and internally, with hot turpentine fomentations. After two days a mixture containing ten grains each of iodide and bromide of potassium was ordered, and this treatment was continued for two or three days with some relief. At the end of that time it was observed that the disease had assumed a decidedly intermittent character, coming on in excruciating paroxysms at night. The bromide and iodide were then suspended, and quinine was given, thirty grains in divided doses on each of the first two days, the effects being carefully watched. On the third day the amount was diminished to fifteen grains. The large doses caused great deafness and noise in the ears, but the improvement was well marked. During the next few days quinine was administered only when the neuralgic symptoms were urgent; and on the 5th, for the first time, the patient got out of bed for a little. On the 7th, as the paroxysmal pain had given place to a constant aching, the iodide and bromide were resumed, but the quinine was again found to be necessary. From that date until the 19th, quinine was given nearly every night in ten-grain doses, and blisters, which were found very useful, were occasionally applied over the painful parts. During that time the symptoms were such as to leave no doubt of the efficacy of quinine. The pain began every morning about one o'clock; but if the patient was asleep it was not sufficient to awaken her until between two and three. If taken at ten P.M., the quinine did not entirely prevent the paroxysm. If taken at one A.M., it prevented it entirely. If the dose was not taken until three, the patient suffered for about half an hour after taking it, and then fell asleep. In consequence of the experience thus gained, the ten-grain dose of quinine was latterly left every night at the bedside for her to take when she felt the pain come on.

The improvement continued up to date of report, with every prospect of entire recovery.

PHOSPHIDE OF ZINC.—At a recent meeting of the Obstetrical Society (*Lancet*, February 27) Mr. J. Ashburton Thompson communicated a short paper exemplifying the advantage of employing phosphide of zinc in the treatment of chlorosis and anæmia. It succeeded in relieving the symptoms where iron had failed, and that rapidly. Phosphorus was of great value in the treatment of patients recovering from uterine hemorrhage, and in all cases of anæmia, and seemed to exercise a specific influence upon the neuralgia so often met with in these cases, encouraging the general nutrition of the body. Free phosphorus is not the treacherous poison it has hitherto been considered to be. It is a fatal and potent poison, it is true, but its therapeutic effects may be obtained with precision and perfect safety. If proper formula be employed, no apprehension of unexpected or uncontrollable poisonous effects of a therapeutic dose need hinder its general employment.

Dr. Routh said it might be known to some members of the Society that he had made several inquiries on the employment of phosphorus. In some cases it produced marvels, especially in cases, like those detailed by Mr. Thompson, due to deficiency of phosphorus in the system. But it occasionally acted injuriously, by producing headache and giddiness; and in a few cases (of idiosyncrasy perhaps) it acted as a deadly poison, even in the first dose, sometimes immediately producing vomiting and syncope. The safest preparation was the phosphide of zinc; but it was a medicine always to be closely watched when given.

Dr. Tilt inquired what preparation of phosphorus Mr. Thompson recommended.

Mr. Thompson, in reply, said Dr. Routh had revived the old objection, not because it was a poison, but because we cannot calculate the results. These arose from decomposed phosphorus.

Dr. Playfair inquired whether the zinc phosphide was not insoluble in pill.

Mr. Thompson replied that some acid tonic given simultaneously would serve to assist in the decomposition.

SALICYLIC ACID.—The *Boston Medical and Surgical Journal*, March 11, contains an abstract of a letter received by Prof. Horsford from Kolbe, of Leipsic, in which the latter gives various details of interest relative to the use of this product. In the lying-in hospital of Leipsic it seems to have superseded carbolic acid as a disinfectant for the hands, vaginal douching, application to ulcera puerperalia, etc. It is used in solution in water of one part in three hundred to one part in nine hundred, or as a powder mixed with starch in proportion of one part in five. Kolbe recommends the trial of this remedy internally in the various zymotic diseases, in pyæmia, bites of dogs, etc. In order to prove its innocuousness he administered to himself and a number of students various doses of the acid, up to twenty-three grains a day. The following is recommended by Wunderlich as a convenient formula for its administration:

℞ Acidi salicylici, gr. xvi;
Ol. amygdalæ dulc., f℥vj;
Acaciæ gummi, ℥iii;
Syrupi amygdalæ, f℥viiss;
Aq. aurantii flor., ad f℥iv.—M.

Salicylic acid is very little if at all absorbed through the skin.

ENORMOUS HYDROCELE SITUATED IN THE ABDOMEN CAUSED BY UNDESCENDED TESTICLE.—The following case is related in the *Lancet* for February 13: A man 28 years of age was admitted into the British Infirmary on account of a large prominent tumor measuring eight inches by eight inches, lying in the left side of the abdomen. The skin and external oblique muscles were in front, but it was evident that the mass of the abdominal parietes passed behind the tumor. Fluctuation of the consistence of serum was felt in all the tumor, save a solid portion at the lower part measuring two inches by two inches. The patient's history showed that his left testicle had never descended, but lay in the inguinal canal. Six years ago, having to walk a great deal, he began to feel pain in this testicle, which soon began to swell and attained a large size. Soft swelling of the parts above set in, and soon prevented him from walking, and gave him much pain. The tumor, therefore, was a hydrocele of the testicle. After drawing off the fluid with a trocar, a seton was introduced, the object being to set up free inflammation in the sac. The cavity became in due time contracted, but the testicle continued enlarged, and, in order to reduce this, liniment of iodide of potassium was applied, and the iodide given internally with favorable results.

AN UNUSUAL RESULT OF SEPTIC POISONING.—Under this title Dr. W. S. Bigelow (*Boston Medical and Surgical Journal*, March 11) gives notes of ten cases of a peculiar disease recently observed among newly-born children in the Boston Lying-in Hospital. The characteristic features were, discoloration of the skin, diphtheritic inflammation of some of the mucous surfaces

(in one case thrombo-phlebitis), hæmaturia, dark-green fetid dejections. Together with these symptoms there was found an alteration of the blood, consisting in—1, excess of white corpuscles; 2, alterations of red corpuscles; 3, the existence of granules. Accumulations of the amorphous material of the red corpuscles in the renal tubercles, with clots in some cases in the ureters and bladder. Accumulations of spores: 1, in the renal tubes, with extension outside their walls; 2, in the larynx, and possibly on the other surfaces affected by the diphtheritic process.

The process is generally endemic. The local accumulation of spores appears to be in close relation to the phenomena of the disease.

DIVISION OF POSTERIOR TIBIAL ARTERY TREATED BY COMPRESSION.—Dr. Edwardes Kerr reports the following case (*Lancet*, March 6): J. F., aged 50, a haytrusser, was returning home from work with his large hay-trussing knife and three-pronged fork (weighing together about six pounds) slung over his shoulder upon the end of a stick. The strap by which they were attached to the stick gave way, and the point of the knife fell upon the right ankle, which was hindermost in the act of walking. Not knowing what mischief had occurred, he continued walking until he fainted, when his assistant, who was with him, thinking he had swooned from loss of blood, applied a strap firmly round the leg below the knee, and got him home as best he could. The patient was first seen by Dr. K. an hour later. Finding it utterly impracticable under all the circumstances to attempt to secure the artery (which spurted so soon as the strap was removed), he applied a graduated compress directly over and above the wound, put the patient to bed, and left him for the night. The bandage and compress was kept on for twenty-one days, and the patient in bed. At the end of the eighth day a small hole was made in the bandage for the exit of any matter which formed, and beyond that it was left entirely alone. On the twenty-first day Dr. K. removed everything, and found a wound three inches long, extending obliquely downwards and forwards below the inner malleolus, with a healthy granulating surface. No pulsation could be detected below the wound, and there was no hemorrhage from the day of the accident. The patient came down-stairs on the twenty-second day, and walked about his house with the aid of a stick, and, beyond feeling weak from loss of blood, complained of nothing.

PROLAPSE OF THE URETHRA SIMULATING PROLAPSUS UTERI.—The subject of this observation was a woman 55 years of age, who, after a prolonged walk, became sensible of the presence of a tumor between the labia of the vulva. Dr. Chamono, being called in, found, on examination, a tumor the size of a nut, having an opening in its centre, and presenting an almost perfect resemblance to the neck of the uterus in a multipara.

This tumor, which presented at the vulvar opening, had a certain consistence, and was sensitive to pressure; it could be replaced in the vagina, but immediately prolapsed when pressure was removed. Dr. C. thought at first that he had a case of prolapsus uteri to deal with, but on practising the vaginal touch he became aware that the cervix uteri occupied its normal position, and that he had a prolapse of the inflamed urethral mucous membrane under examination. Reduction was at first impossible; but rest in bed, with the use of astringents, finally enabled the operation to be performed successfully.—*Gaz. Méd. de Paris*, March 13; from *Anfiteatro Anatómico*.

A SOCIETY for the abolition of vivisection has been started in London: it is probably brother or sister to the Anti-vaccination League.

MISCELLANY.

CHEAP.—The Northern Ontario Medical Association is composed of men who are willing to work cheaply. So at least we infer from the following copy of the tariff of fees adopted by the Association, which we take from the *Canada Lancet*. Let us hope that rents and marketing are cheaper in Northern Ontario than they are in Philadelphia.

MEDICINE.

For Medical Advice in office, with or without medicine . .	From $0.50 to $1.50
" Visits in the Villages during the day . .	1.00
" " " " night . .	2.00
" " into the Country, one mile or less . .	1.00
" " " " each mile after the first .	0.50
" " " " by night, one mile or less .	2.00
" " " " " per mile . .	0.75
" Consultation Visits, an extra fee of	From $1.00 to 2.00
" Medical Certificates of any kind (mileage as above)	5.00
" Unusual detention, every hour after the first, by day	0.50
" Unusual detention, every hour after the first, by night	0.75

OBSTETRICS.

For ordinary cases, each (no complimentary visits after)	$5.00
If more than five miles distant, mileage as above also to be charged.	
If instrumental cases, or those seriously complicated, as with Hemorrhage, Convulsions, etc.	10.00
Detention over six hours, per hour, in addition to above	0.50

Accounts to be furnished every three months.

THE AMERICAN REVIVALISTS IN LONDON.—The London *Lancet*, in an editorial on the "Psychology of Revivals," writes as follows: "Emotion is the motive power on which, for the most part, our religious leaders have relied to stir men's minds, to effect what is termed, with more or less justice, their conversion. To effect this, much force is needed, and in those whose minds are in a condition of unstable equilibrium, the resulting perturbation is sufficient to disturb the normal balance of thought and feeling, and start a series of consequences which may result in pronounced insanity. That this is a frequent occurrence may be doubted. Religious delusions are common enough in the insane, but that probably arises from that region of thought and feeling presenting the most unobstructed field for excessive action.

"It is in periods of 'revivals,' when religious emotion is stirred in disproportionate degree, that the danger of such results is greatest; and this aspect of a movement so extensive as that now commenced in London comes fairly within the range of the physician's consideration. Judging, however, from personal observation, we should say that no movement of its extent could well present less danger of excessive or perverted emotional effects than that of Messrs. Moody and Sankey.

The testimony of most unprejudiced observers is to the same effect. The services are singularly free from the more objectionable elements of 'revival' meetings. Sympathetic but not overwrought music, and shrewd, rough aptness, sometimes humor, of the sermon, are the characteristics which mark the services from most ordinary preaching of the same theological school; and there is nothing to point to artificial stimulation of the emotions more than necessarily attends extempore worship and earnest preaching in a large concourse."

ORNAMENTAL PRESERVATION OF THE DEAD.—Some one writes to the editor of the *Lancet*, suggesting for the consideration of those interested in the question of interment the use of glass cases, tubular in form (the shape used for growing cucumbers); the smaller end of the tube completely closed, into which tube the body would be passed first, and then hermetically sealed above and beyond the head. The body, thus converted into a "vitreous mummy," might be retained in the house for a longer time, while friends would have the opportunity of viewing the body without detecting any offensive odor. These glass coffins might be made as handsome as any one desired. The wealthy could have them made colored and cut, like Bohemian vases; while for the poor the coarse stout glass used for skylights would not be much more expensive than wood lined with flannel, etc.

TRIAL OF A SURGEON FOR MANSLAUGHTER.—A surgeon named Peacock was recently tried at the Warwick Assizes for causing the death of a woman whom he attended in her confinement, by cutting away many feet of intestine which protruded through a rent in the vagina.

The sentence of the court was mitigated by the fact that the poor woman would in any case have died.

After an hour's deliberation, the jury returned a verdict of guilty, with a strong recommendation to mercy. Lord Coleridge said he entirely concurred with the finding, but, as there was an absence of all aggravating circumstances, the sentence would be six months' imprisonment without hard labor.

A HOMŒOPATHIC NOVEL.—An anonymous English author has endeavored to seduce the unwary reader into a consideration of homœopathic principles by presenting these in the framework of a very slight novel. The plot is said to turn upon the rejection of a hapless swain by his inamorata, on account of his having "gone over" to homœopathy. The work abounds in arguments between the unscrupulous advocates of regular practice and the chivalrous adherents of the "new views," in which the latter are, of course, invariably triumphant. The hero performs wonderful cures in all directions, and finally wins the fair. As a literary effort, the work may be said to be a "high dilution."

ABUSE OF TOBACCO IN AMERICA.—The average number of cigars smoked in the United States during each twenty-four hours is 5,168,000. The tobacco-users paid through importers $6,150,060.41 gold to the government last year in the shape of import duties, and $33,242,875.62 through manufacturers, on account of taxes.—*Medical Press and Circular.*

AN official return gives 1,295,529 kilogrammes as the amount of horse-flesh consumed in Paris during 1874. There are now fifty horse-flesh butchers in Paris itself, and five in the Banlieue.—*Medical Press and Circular.*

THE number of the *British Medical Journal* for March 20 contains a paper by Elizabeth Garrett Anderson, M.D.

DR. VON LUSCHKA, the famous anatomist, died on the 1st of March last.

THE death of Baroness Schuhaj, a noble Hungarian lady, at the age of 118, is announced.

NOTES AND QUERIES.

OBITUARY.

DEATH OF D. FRANCIS CONDIE, M.D.—Died, at his residence at Morton, Delaware County, Dr. D. Francis Condie, on March 31, in the eightieth year of his age. Dr. Condie was born in Philadelphia on the 12th of May, 1796, and was for many years one of our most prominent practitioners. He was also very widely and favorably known throughout the United States through his medical writings, especially by his work on the "Diseases of Children," which, at the time of its appearance, was one of the best, if not the best, in the language. The principal of his literary labors are the following: "An Abridgment of Thomas's Practice," 1817; "Course of Examination for Medical Students," 1824; "Catechism of Health," 1831; "Treatise on Epidemic Cholera," in conjunction with Dr. John Bell, 1832; "Diseases of Children," fourth edition, 8vo, 1854. Dr. Condie edited Dr. Fleetwood Churchill's works on the "Theory and Practice of Midwifery," and "Diseases of Women," and he made frequent and valuable contributions to the *American Cyclopædia of Practical Medicine and Surgery*; the *Philadelphia Journal of the Medical and Physical Sciences*; *North American Medical and Surgical Journal*; *Journal of Health*, Philadelphia; *American Journal of Medical Sciences*; *Transactions of the College of Physicians*, of Philadelphia; and to the *North American Medico-Chirurgical Review*.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

AN aged and weighty lady has a fatty dilated heart, associated with valvular disease. I found her the other night in a state of collapse: no pulse, face blue, countenance shrunken, cold sweat, etc., etc. One inhalation of amyl nitrite restored her. It probably acted by unloading her heart in opening wider avenues for her blood.

Yours, etc.,

MARCH 29, 1875. A. K. MINICH.

PENNSYLVANIA ASSOCIATION OF DENTAL SURGEONS.

DR. JAMES E. GARRETSON will by invitation deliver a lecture before the Pennsylvania Association of Dental Surgeons on the evening of April 13, at the Pennsylvania Dental College, Tenth and Arch Streets. Subject, "Who and what is Man?" An invitation is extended to the members of the medical profession.

OFFICIAL LIST.

MEMORANDUM.

No changes in the stations and duties of officers of the Medical Department U.S. Army for the week ending April 5, 1875.